

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:

Computer Readable Form (CRF)?:

Number of copies of CRF::

Title:: INDUCTIVE POWER ADAPTER

Attorney Docket Number:: 003797.00691

Request for Early Publication?: NO

Request for Non-Publication?: NO

Suggested Drawing Figure::

Total Drawing Sheets:: 8

Small Entity?: NO

Latin name::

Variety denomination name::

Petition included?: NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: NO

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: John
Middle Name:: Charles
Family Name:: CALHOON
Name Suffix::
City of Residence:: Woodinville
State or Province of Residence:: WA
Country of Residence:: US
Street of mailing address:: 24130 NE Woodinville Duvall Rd.
City of mailing address:: Woodinville
State or Province of mailing address:: WA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 98077

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: Leroy
Middle Name:: B.
Family Name:: KEELY
Name Suffix::
City of Residence:: Portola Valley
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 210 Gabarda Way
City of mailing address:: Portola Valley
State or Province of mailing address:: CA

Country of mailing address:: US
Postal or Zip Code of mailing address:: 94028

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: William
Middle Name::
Family Name:: MITCHELL
Name Suffix::
City of Residence::
State or Province of Residence::
Country of Residence::
Street of mailing address::

City of mailing address::
State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address::

Correspondence Information

Correspondence Customer Number:: 28319

Representative Information

Representative Customer Number:: 28319

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

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Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: Microsoft Corporation
 Street of mailing address:: One Microsoft Way
 City of mailing address:: Redmond
 State or Province of mailing address:: WA
 Country of mailing address:: US
 Postal or Zip Code of mailing address:: 98052